

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

IN RE

**Rodney H Johnson****Patricia S Johnson**

Debtor(s)

)  
)  
)  
)  
)Chapter **7**

Bankruptcy Case No.

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

**To Be Used When Filing over the Internet**

## PART I - DECLARATION OF PETITIONER

Date: \_\_\_\_\_

A. To be completed in all cases.

We **Rodney H Johnson** and **Patricia S Johnson**, the undersigned debtors, hereby declare under penalty of perjury that the information we have given our attorney, including correct social security numbers and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. We consent to our attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. We understand that this DECLARATION must be filed with the Clerk in addition to the petition. We understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.



We are aware that we may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; we understand the relief available under each such chapter; we choose to proceed under chapter 7; and we request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.



I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: **s/ Rodney H Johnson****Rodney H Johnson**

(Debtor or Corporate Officer, Partner or Member)

Signature: **s/ Patricia S Johnson****Patricia S Johnson**

(Joint Debtor)

Advanta  
PO Box 8088  
Philadelphia, PA 19101-8088

Alegent Health  
Mercy Hospital  
PO Box 368  
Corning, IA 50841-0368

AllianceOne Receivables Management Inc  
Citicorp Credit Services  
PO Box 21882  
Eagan MN 55121-0882

American Express  
PO Box 0001  
Los Angeles, CA 90096-0001

American Express  
PO Box 297879  
Ft. Lauderdale, FL 33329-7879

American Express  
PO Box 0001  
Los Angelos, CA 90096-0001

Country Wide  
PO Box 650070  
Dallas TX 75265-0070

Associate Pathologists of Joliet, Ltd.  
330 Madison St., Suite 200A  
Joliet, IL 60435

BAC Platinum Mastercard  
Union Plus Credit Card  
PO Box 17051  
Baltimore, MD 21297-1051

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Bank of America  
PO Box 2759  
Jacksonville, IL

Bank of America  
PO Box 17322  
Baltimore, MD 21297-1322

Bank of America  
PO Box 15710  
Wilmington DE 15710

Bank of America  
PO Box 15726  
Wilmington, DE 19886-5726

Bank of America  
PO Box 15710  
Wilmington, DE 19886-5710

Capital One  
PO Box 105131  
Atlanta, GA 30348-5131

Capital One  
PO Box 105131  
Atlanta, Georgia 30348-5131

CARDIOLOGY INTERPRETATION II  
PO Box 432  
Channahon, IL 60410-0432

Chase Cardmember Service  
PO Box 15153  
Wilmington, DE 19886-5153

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Chase Cardmember Service  
PO Box 15153  
Wilmington DE 19886-5153

Citi Cards  
PO Box 688910  
Des Moines, IA 50368-8910

Clinical Assoc. in Medicine, LLC  
330 N. Madison St.  
Suite 303  
Joliet, IL 60435

Discover Card  
PO Box 30395  
Salt Lake City, UT 84130-0395

DISCOVER CARD  
PO BOX 30395  
SALT LAKE CITY, UTAH 84130-0395

GMAC  
PO Box 9001952  
Louisville KY 40290-1952

GMAC  
PO Box 10729  
Midland, TX 79702-7729

Hans Johnson  
5255 W Dupont Rd, Morris IL 60450

HSBC Business Solutions  
PO Box 4160  
Carol Stream, IL 60197

Morris Hospital  
150 W. High St.  
Morris, IL 60450

Provena Saint Joseph Medical Center  
75 Remittance Drive, Suite 1366  
Chicago, IL 60675-1366

Sears Premier Gold Mastercard  
PO Box 183082  
Columbus, OH 43218-3082

Shabbona Masonry

SHABBONA MASONRY INC

Standard Bank  
1111 W Route 6  
Morris, IL 60450

Wells Fargo  
PO Box 54349  
Los Angeles, CA 90054-0349

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS**

In Re:  
**Rodney H Johnson**  
**Patricia S Johnson**

Bankruptcy Case Number: \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: \_\_\_\_\_

The above named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: 12/11/2007

s/ Rodney H Johnson  
**Rodney H Johnson**  
Debtor

s/ Patricia S Johnson  
**Patricia S Johnson**  
Joint Debtor

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>																															
Name of Debtor (if individual, enter Last, First, Middle): <b>Johnson, Rodney H</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Johnson, Patricia S</b>																																	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																																	
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>3424</b>				Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>3542</b>																																	
Street Address of Debtor (No. & Street, City, and State): <b>4465 W. Shabbona Rd. Morris, IL</b>				Street Address of Joint Debtor (No. & Street, City, and State): <b>4465 W. Shabbona Rd. Morris, IL</b>																																	
ZIP CODE <b>60450</b>				ZIP CODE <b>60450</b>																																	
County of Residence or of the Principal Place of Business: <b>Grundy</b>				County of Residence or of the Principal Place of Business: <b>Grundy</b>																																	
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																																	
ZIP CODE				ZIP CODE																																	
Location of Principal Assets of Business Debtor (if different from street address above):																																					
ZIP CODE																																					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  		<b>Nature of Business</b> (Check <b>one</b> box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <hr/> <b>Nature of Debts</b> (Check <b>one</b> box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.																																	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ----- <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																																	
<b>Statistical/Administrative Information</b>  <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1- 49</td> <td style="text-align: center;">50- 99</td> <td style="text-align: center;">100- 199</td> <td style="text-align: center;">200- 999</td> <td style="text-align: center;">1,000- 5,000</td> <td style="text-align: center;">5,001- 10,000</td> <td style="text-align: center;">10,001- 25,000</td> <td style="text-align: center;">25,001- 50,000</td> <td style="text-align: center;">50,001- 100,000</td> <td style="text-align: center;">Over 100,000</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$0 to \$10,000</td> <td style="text-align: center;"><input type="checkbox"/> \$10,000 to \$100,000</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$100,000 to \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td> </tr> </table> Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td> <td style="text-align: center;"><input type="checkbox"/> \$50,000 to \$100,000</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$100,000 to \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td> </tr> </table>						1- 49	50- 99	100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million	<b>THIS SPACE IS FOR COURT USE ONLY</b>	
1- 49	50- 99	100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																																	
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																																	

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Rodney H Johnson, Patricia S Johnson</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <div style="display: flex; justify-content: space-between;"> <div> <b>X Gary R. Garretson</b>                      Signature of Attorney for Debtor(s)  <b>Gary R. Garretson</b> </div> <div style="text-align: right;"> <b>12/11/2007</b>                      Date  <b>0917265</b> </div> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).  <div style="text-align: right; margin-right: 50px;">                 _____                  (Name of landlord that obtained judgment)             </div> <div style="text-align: right; margin-right: 50px;">                 _____                  (Address of landlord)             </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			



<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Rodney H Johnson, Patricia S Johnson</b>
<b>Signatures</b>	
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X s/ Rodney H Johnson</b>  Signature of Debtor <b>Rodney H Johnson</b></p> <p><b>X s/ Patricia S Johnson</b>  Signature of Joint Debtor <b>Patricia S Johnson</b></p> <p>_____  Telephone Number (If not represented by attorney)</p> <p><b>12/11/2007</b>  Date</p>	<p style="text-align: center;"><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only <b>one</b> box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X Not Applicable</b>  (Signature of Foreign Representative)</p> <p>_____  (Printed Name of Foreign Representative)</p> <p>_____  Date</p>
<p style="text-align: center;"><b>Signature of Attorney</b></p> <p><b>X Gary R. Garretson</b>  Signature of Attorney for Debtor(s)</p> <p><b>Gary R. Garretson, 0917265</b>  Printed Name of Attorney for Debtor(s) / Bar No.</p> <p><b>Gary R. Garretson</b>  Firm Name</p> <p><b>1802 N. Division St. Suite 201</b>  Address</p> <p><b>Morris, IL</b></p> <p><b>8159412825</b> <b>8159412840</b>  Telephone Number</p> <p><b>12/11/2007</b> <b>ggarrets@hotmail.com</b>  Date</p>	<p style="text-align: center;"><b>Signature of Non-Attorney Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.</p> <p><b>Not Applicable</b>  Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____  Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. 110.)</p> <p>_____  Address</p> <p><b>X Not Applicable</b></p> <p>_____  Date</p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i></p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X Not Applicable</b>  Signature of Authorized Individual</p> <p>_____  Printed Name of Authorized Individual</p> <p>_____  Title of Authorized Individual</p> <p>_____  Date</p>	

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re: Rodney H Johnson Patricia S Johnson  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* \_\_\_\_\_

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**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: s/ Rodney H Johnson  
Rodney H Johnson

Date: 12/11/2007

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re: Rodney H Johnson Patricia S Johnson  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
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*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* \_\_\_\_\_

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**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: s/ Patricia S Johnson  
Patricia S Johnson

Date: 12/11/2007

FORM B6A  
(10/05)

In re: Rodney H Johnson Patricia S Johnson,  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
4465 W. Shabbona Rd. Morris, IL 60450	Fee Owner	J	\$ 307,000.00	\$ 266,000.00
Total ➤			\$ 307,000.00	

(Report also on Summary of Schedules.)

FormB6B  
(10/05)

In re **Rodney H Johnson Patricia S Johnson**  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		<b>Cash</b>		<b>2,000.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>STANDARD BANK</b>	<b>J</b>	<b>2,500.00</b>
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>STANDARD BANK</b>	<b>W</b>	<b>2,600.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.	<b>X</b>			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.	<b>X</b>			
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>ING</b>	<b>W</b>	<b>3,339.00</b>
10. Annuities. Itemize and name each issuer.		<b>BRICKLAYERS UNION</b>	<b>H</b>	<b>3,400.00</b>
Annuities. Itemize and name each issuer.		<b>SUNLIFE</b>	<b>W</b>	<b>37,106.00</b>
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>100% OWNERSHIP OF SHABBONA MASONRY, INC.</b>	<b>J</b>	<b>0.00</b>

Form B6B-Cont.  
(10/05)

In re **Rodney H Johnson Patricia S Johnson**  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1996 S10</b>	<b>J</b>	<b>100.00</b>
Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2005 Dodge Ram</b>		<b>11,655.00</b>
Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2006 Chevy Impala</b>		<b>9,685.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			



Form B6B-Cont.  
(10/05)

In re Rodney H Johnson Patricia S Johnson,  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
29. Machinery, fixtures, equipment and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<u>2</u> continuation sheets attached				<b>\$ 72,385.00</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Official Form 6C (04/07)

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds  
\$136,875

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
4465 W. Shabbona Rd. Morris, IL 60450	735 ILCS 5/12-901	30,000.00	307,000.00
BRICKLAYERS UNION	735 ILCS 5/12-1006	3,400.00	3,400.00
Cash	735 ILCS 5/12-1001(b)	2,000.00	2,000.00
ING	735 ILCS 5/12-1001(f)	3,339.00	3,339.00
STANDARD BANK	735 ILCS 5/12-1001(b)	2,600.00	2,600.00
STANDARD BANK	735 ILCS 5/12-1001(b)	2,500.00	2,500.00
SUNLIFE	735 ILCS 5/12-1006	37,106.00	37,106.00

Official Form 6D (10/06)

In re Rodney H Johnson Patricia S Johnson

Debtors

Case No. \_\_\_\_\_

(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.		W	2005 Dodge Ram VALUE \$11,655.00				36,000.00	24,345.00
Bank of America PO Box 2759 Jacksonville, IL								
ACCOUNT NO. 144919013	X	J	4465 W. Shabbona Rd. Morris, IL 60450 VALUE \$307,000.00				266,000.00	0.00
Country Wide PO Box 650070 Dallas TX 75265-0070								
ACCOUNT NO. 024-9063-85795	X		2004 Chevy Silverado VALUE \$7,420.00				17,796.11	0.00
GMAC PO Box 10729 Midland, TX 79702-7729								
ACCOUNT NO. 154-9104-58351	X	W	2006 Chevy Impala VALUE \$9,685.00				26,000.00	0.00
GMAC PO Box 9001952 Louisville KY 40290-1952								
ACCOUNT NO. 101418587		J	5255 W. Dupont Rd, Morris IL title held by Hans Johnson, debtors' son VALUE \$0.00				113,120.00	0.00
Standard Bank 1111 W Route 6 Morris, IL 60450								

0 continuation sheets attached

Subtotal >  
(Total of this page)

Total >  
(Use only on last page)

\$	458,916.11	\$	24,345.00
\$	458,916.11	\$	24,345.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Official Form 6E (04/07)

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6E (04/07) - Cont.

In re Rodney H Johnson Patricia S Johnson,  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

### Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>IOWA DISTRICT COURT FOR ADAMS COUNTY</b>			<b>FINE AND COURT COSTS</b>				<b>1,000.00</b>	<b>1,000.00</b>	<b>0.00</b>

Sheet no. 1 of 1 continuation sheets attached to Schedule of  
Creditors Holding Priority Claims

Subtotals >  
(Totals of this page)

Total >

(Use only on last page of the completed  
Schedule E. Report also on the Summary of  
Schedules.)

Total >

(Use only on last page of the completed  
Schedule E. If applicable, report also on the  
Statistical Summary of Certain Liabilities  
and Related Data. )

\$ 1,000.00	\$ 1,000.00	\$ 0.00
\$ 1,000.00		
	\$ 1,000.00	\$ 0.00

Official Form 6F (10/06)

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						937.33
Advanta PO Box 8088 Philadelphia, PA 19101-8088		credit card acct# 5477536250108012				
ACCOUNT NO. 2001661145	J					38.69
Alegent Health Mercy Hospital PO Box 368 Corning, IA 50841-0368		medical bill				
ACCOUNT NO.						2,965.68
AllianceOne Receivables Management Inc Citicorp Credit Services PO Box 21882 Eagan MN 55121-0882		acct #EUW589 client reference #51210761119555				
ACCOUNT NO.	J					5,579.29
American Express PO Box 297879 Ft. Lauderdale, FL 33329-7879		credit card Acct. No. 3722 615732 33002				
ACCOUNT NO. 3725-436743-21004						26,955.43
American Express PO Box 0001 Los Angeles, CA 90096-0001		credit card				

5 Continuation sheets attached

Subtotal	>	\$ 36,476.42
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3727-171669-02006</b> <b>American Express</b> <b>PO Box 0001</b> <b>Los Angeles, CA 90096-0001</b>		credit card				<b>1,038.71</b>
ACCOUNT NO. <b>Associate Pathologists of Joliet, Ltd.</b> <b>330 Madison St., Suite 200A</b> <b>Joliet, IL 60435</b>	<b>J</b>	medical bill Acct. No. 013000000293610				<b>9.00</b>
ACCOUNT NO. <b>BAC Platinum Mastercard</b> <b>Union Plus Credit Card</b> <b>PO Box 17051</b> <b>Baltimore, MD 21297-1051</b>	<b>J</b>	credit card Acct. No. 5407 0700 0832 8776				<b>2,596.14</b>
ACCOUNT NO. <b>Bank of America</b> <b>PO Box 15726</b> <b>Wilmington, DE 19886-5726</b>	<b>J</b>	credit card Acct. No. 5466 3201 5227 4864				<b>1,136.61</b>
ACCOUNT NO. <b>74923015869773</b> <b>Bank of America</b> <b>PO Box 17322</b> <b>Baltimore, MD 21297-1322</b>		credit card				<b>36,335.29</b>

Sheet no. 1 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>41,115.75</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0000005001589592</b>  <b>Bank of America</b> <b>PO Box 15710</b> <b>Wilmington DE 15710</b>		credit card acct# 5588455001589592				<b>7,540.91</b>
ACCOUNT NO. <b>0000009000276029</b>  <b>Bank of America</b> <b>PO Box 15710</b> <b>Wilmington, DE 19886-5710</b>		credit card acct 5588459000276029				<b>18,152.08</b>
ACCOUNT NO.  <b>Bank of America</b> <b>PO Box 15726</b> <b>Wilmington, DE 19886-5726</b>	J	credit card Acct. No. 5490-3519-4085-4246				<b>1,123.00</b>
ACCOUNT NO.  <b>Capital One</b> <b>PO Box 105131</b> <b>Atlanta, Georgia 30348-5131</b>		credit card 570106701250050				<b>1,846.48</b>
ACCOUNT NO. <b>Acct. o. 5903 5926 6458 4387</b>  <b>Capital One</b> <b>PO Box 105131</b> <b>Atlanta, GA 30348-5131</b>	J	credit card Acct. No. 5903 5926 6458 4287				<b>26,428.49</b>

Sheet no. 2 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>55,090.96</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



Official Form 6F (10/06) - Cont.

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>AH 92276</b>  <b>CARDIOLOGY INTERPRETATION II</b> <b>PO Box 432</b> <b>Channahon, IL 60410-0432</b>	<b>H</b>	<b>MEDICAL BILL</b>				<b>4.80</b>
ACCOUNT NO.  <b>Chase Cardmember Service</b> <b>PO Box 15153</b> <b>Wilmington, DE 19886-5153</b>	<b>J</b>	<b>credit card</b> <b>Acct. No. 5401 6830 3117 0431</b>				<b>1,905.27</b>
ACCOUNT NO.  <b>Chase Cardmember Service</b> <b>PO Box 15153</b> <b>Wilmington, DE 19886-5153</b>	<b>J</b>	<b>credit card</b> <b>Acct. No. 5179-4555-9003-9095</b>				<b>2,546.79</b>
ACCOUNT NO.  <b>Chase Cardmember Service</b> <b>PO Box 15153</b> <b>Wilmington DE 19886-5153</b>	<b>J</b>	<b>credit card</b> <b>Acct. No. 4246311366152947</b>				<b>12,437.12</b>
ACCOUNT NO. <b>5424180246100322</b>  <b>Citi Cards</b> <b>PO Box 688910</b> <b>Des Moines, IA 50368-8910</b>	<b>J</b>	<b>Credit card</b>				<b>98.94</b>

Sheet no. 3 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>16,992.92</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	J					63.60
Clinical Assoc. in Medicine, LLC 330 N. Madison St. Suite 303 Joliet, IL 60435		medical bill Chart No. JOHR0003				
ACCOUNT NO.	J					3,402.00
Discover Card PO Box 30395 Salt Lake City, UT 84130-0395		credit card Acct. No. 7194				
ACCOUNT NO. ENDING IN 7171	J					746.89
DISCOVER CARD PO BOX 30395 SALT LAKE CITY, UTAH 84130-0395		CREDIT CARD				
ACCOUNT NO.						567.00
HSBC Business Solutions PO Box 4160 Carol Stream, IL 60197		acct# 0006004300200576269				
ACCOUNT NO.	J					209.63
Morris Hospital 150 W. High St. Morris, IL 60450		medical bill Acct. No. DD0010635309				

Sheet no. 4 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	4,989.12
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>DC0026435090</b>  <b>Provena Saint Joseph Medical Center</b> <b>75 Remittance Drive, Suite 1366</b> <b>Chicago, IL 60675-1366</b>	<b>J</b>	<b>Medical bill</b>				<b>283.73</b>
ACCOUNT NO.  <b>Sears Premier Gold Mastercard</b> <b>PO Box 183082</b> <b>Columbus, OH 43218-3082</b>	<b>J</b>	<b>credit card</b> <b>Acct. No. 5121 0717 6111 9555</b>				<b>2,895.03</b>
ACCOUNT NO.  <b>Wells Fargo</b> <b>PO Box 54349</b> <b>Los Angeles, CA 90054-0349</b>		<b>acct# 5474649000424341</b>				<b>47,962.53</b>

Sheet no. 5 of 5 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>51,141.29</b>
Total	>	\$	<b>205,806.46</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Gary R. Garretson 0917265  
Gary R. Garretson  
1802 N. Division St.  
Suite 201  
Morris, IL

8159412825  
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In Re:

Debtor: **Rodney H Johnson**  
Social Security Number: **3424**

Case No:

Chapter **7**

Joint Debtor: **Patricia S Johnson**  
Social Security Number: **3542**

Numbered Listing of Creditors

Creditor name and mailing address		Category of Claim	Amount of Claim
1.	<b>Advanta</b> <b>PO Box 8088</b> <b>Philadelphia, PA 19101-8088</b>	<b>Unsecured Claims</b>	<b>\$ 937.33</b>
2.	<b>Alegent Health</b> <b>Mercy Hospital</b> <b>PO Box 368</b> <b>Corning, IA 50841-0368</b>	<b>Unsecured Claims</b>	<b>\$ 38.69</b>
3.	<b>AllianceOne Receivables Management Inc</b> <b>Citicorp Credit Services</b> <b>PO Box 21882</b> <b>Eagan MN 55121-0882</b>	<b>Unsecured Claims</b>	<b>\$ 2,965.68</b>
4.	<b>American Express</b> <b>PO Box 0001</b> <b>Los Angeles, CA 90096-0001</b>	<b>Unsecured Claims</b>	<b>\$ 1,038.71</b>
5.	<b>American Express</b> <b>PO Box 297879</b> <b>Ft. Lauderdale, FL 33329-7879</b>	<b>Unsecured Claims</b>	<b>\$ 5,579.29</b>

In re: **Rodney H Johnson**  
**Patricia S Johnson**

Case No. \_\_\_\_\_

6.	<b>American Express PO Box 0001 Los Angeles, CA 90096-0001</b>	<b>Unsecured Claims</b>	<b>\$ 26,955.43</b>
7.	<b>Country Wide PO Box 650070 Dallas TX 75265-0070</b>	<b>Secured Claims</b>	<b>\$ 266,000.00</b>
8.	<b>Associate Pathologists of Joliet, Ltd. 330 Madison St., Suite 200A Joliet, IL 60435</b>	<b>Unsecured Claims</b>	<b>\$ 9.00</b>
9.	<b>BAC Platinum Mastercard Union Plus Credit Card PO Box 17051 Baltimore, MD 21297-1051</b>	<b>Unsecured Claims</b>	<b>\$ 2,596.14</b>
10.	<b>Bank of America PO Box 15710 Wilmington, DE 19886-5710</b>	<b>Unsecured Claims</b>	<b>\$ 18,152.08</b>
11.	<b>Bank of America PO Box 15710 Wilmington DE 15710</b>	<b>Unsecured Claims</b>	<b>\$ 7,540.91</b>
12.	<b>Bank of America PO Box 2759 Jacksonville, IL</b>	<b>Secured Claims</b>	<b>\$ 36,000.00</b>
13.	<b>Bank of America PO Box 17322 Baltimore, MD 21297-1322</b>	<b>Unsecured Claims</b>	<b>\$ 36,335.29</b>
14.	<b>Bank of America PO Box 15726 Wilmington, DE 19886-5726</b>	<b>Unsecured Claims</b>	<b>\$ 1,136.61</b>

In re: **Rodney H Johnson**  
**Patricia S Johnson**

Case No. \_\_\_\_\_

15.	<b>Bank of America</b> <b>PO Box 15726</b> <b>Wilmington, DE 19886-5726</b>	<b>Unsecured Claims</b>	<b>\$ 1,123.00</b>
16.	<b>Capital One</b> <b>PO Box 105131</b> <b>Atlanta, GA 30348-5131</b>	<b>Unsecured Claims</b>	<b>\$ 26,428.49</b>
17.	<b>Capital One</b> <b>PO Box 105131</b> <b>Atlanta, Georgia 30348-5131</b>	<b>Unsecured Claims</b>	<b>\$ 1,846.48</b>
18.	<b>CARDIOLOGY INTERPRETATION II</b> <b>PO Box 432</b> <b>Channahon, IL 60410-0432</b>	<b>Unsecured Claims</b>	<b>\$ 4.80</b>
19.	<b>Chase Cardmember Service</b> <b>PO Box 15153</b> <b>Wilmington, DE 19886-5153</b>	<b>Unsecured Claims</b>	<b>\$ 1,905.27</b>
20.	<b>Chase Cardmember Service</b> <b>PO Box 15153</b> <b>Wilmington DE 19886-5153</b>	<b>Unsecured Claims</b>	<b>\$ 12,437.12</b>
21.	<b>Chase Cardmember Service</b> <b>PO Box 15153</b> <b>Wilmington, DE 19886-5153</b>	<b>Unsecured Claims</b>	<b>\$ 2,546.79</b>
22.	<b>Citi Cards</b> <b>PO Box 688910</b> <b>Des Moines, IA 50368-8910</b>	<b>Unsecured Claims</b>	<b>\$ 98.94</b>
23.	<b>Clinical Assoc. in Medicine, LLC</b> <b>330 N. Madison St.</b> <b>Suite 303</b> <b>Joliet, IL 60435</b>	<b>Unsecured Claims</b>	<b>\$ 63.60</b>

In re: **Rodney H Johnson**  
**Patricia S Johnson**

Case No. \_\_\_\_\_

24.	<b>DISCOVER CARD</b> <b>PO BOX 30395</b> <b>SALT LAKE CITY, UTAH 84130-0395</b>	<b>Unsecured Claims</b>	<b>\$ 746.89</b>
25.	<b>Discover Card</b> <b>PO Box 30395</b> <b>Salt Lake City, UT 84130-0395</b>	<b>Unsecured Claims</b>	<b>\$ 3,402.00</b>
26.	<b>GMAC</b> <b>PO Box 9001952</b> <b>Louisville KY 40290-1952</b>	<b>Secured Claims</b>	<b>\$ 26,000.00</b>
27.	<b>GMAC</b> <b>PO Box 10729</b> <b>Midland, TX 79702-7729</b>	<b>Secured Claims</b>	<b>\$ 17,796.11</b>
28.	<b>HSBC Business Solutions</b> <b>PO Box 4160</b> <b>Carol Stream, IL 60197</b>	<b>Unsecured Claims</b>	<b>\$ 567.00</b>
29.	<b>IOWA DISTRICT COURT FOR ADAMS COUNTY</b>	<b>Priority Claims</b>	<b>\$ 1,000.00</b>
30.	<b>Morris Hospital</b> <b>150 W. High St.</b> <b>Morris, IL 60450</b>	<b>Unsecured Claims</b>	<b>\$ 209.63</b>
31.	<b>Provena Saint Joseph Medical Center</b> <b>75 Remittance Drive, Suite 1366</b> <b>Chicago, IL 60675-1366</b>	<b>Unsecured Claims</b>	<b>\$ 283.73</b>
32.	<b>Sears Premier Gold Mastercard</b> <b>PO Box 183082</b> <b>Columbus, OH 43218-3082</b>	<b>Unsecured Claims</b>	<b>\$ 2,895.03</b>

In re: **Rodney H Johnson**  
**Patricia S Johnson**

Case No. \_\_\_\_\_

33.	<b>Standard Bank</b> <b>1111 W Route 6</b> <b>Morris, IL 60450</b>	<b>Secured Claims</b>	<b>\$ 113,120.00</b>
34.	<b>Wells Fargo</b> <b>PO Box 54349</b> <b>Los Angeles, CA 90054-0349</b>	<b>Unsecured Claims</b>	<b>\$ 47,962.53</b>



In re: **Rodney H Johnson**  
**Patricia S Johnson**

Case No. \_\_\_\_\_

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

## DECLARATION

I, **Rodney H Johnson**, and I, **Patricia S Johnson**, named as debtors in this case, declare under penalty of perjury that we have read the foregoing Numbered Listing of Creditors, consisting of **5 sheets** (not including this declaration), and that it is true and correct to the best of our information and belief.

Signature: **s/ Rodney H Johnson**  
**Rodney H Johnson**

Dated: **12/11/2007**

Signature: **s/ Patricia S Johnson**  
**Patricia S Johnson**

Dated: **12/11/2007**

Form B6G  
(10/05)

In re: Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

Form B6H  
(10/05)

In re: **Rodney H Johnson Patricia S Johnson**  
Debtors

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE H - CODEBTORS

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Hans Johnson</b> <b>5255 W Dupont Rd, Morris IL 60450</b>	<b>Country Wide</b> <b>PO Box 650070</b> <b>Dallas TX 75265-0070</b>
<b>Shabbona Masonry</b>  <b>SHABBONA MASONRY INC</b>	<b>GMAC</b> <b>PO Box 10729</b> <b>Midland, TX 79702-7729</b>  <b>GMAC</b> <b>PO Box 9001952</b> <b>Louisville KY 40290-1952</b>

In re **Rodney H Johnson Patricia S Johnson**

Case No. \_\_\_\_\_

Debtors

(If known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: <b>MARRIED</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>BRICKLAYER- SELF EMPLOYED</b>	<b>TEACHER</b>
Name of Employer	<b>SHABBONA MASSONRY, INC</b>	<b>SENECA GRADE SCHOOL</b>
How long employed	<b>20 YEARS</b>	<b>18 YEARS</b>
Address of Employer	<b>4465 W. SHABBON RD MORRIS, IL 60450</b>	<b>174 OAK ST SENECA, IL 61360</b>

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly.)

\$ 0.00 \$ 4,969.16

2. Estimate monthly overtime

\$ 0.00 \$ 0.00

3. SUBTOTAL

\$ 0.00 \$ 4,969.16

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 0.00 \$ 713.35

b. Insurance

\$ 0.00 \$ 0.00

c. Union dues

\$ 0.00 \$ 45.11

d. Other (Specify) **PENSION AND 401K**

\$ 0.00 \$ 473.33

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00 \$ 1,231.79

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0.00 \$ 3,737.37

7. Regular income from operation of business or profession or farm  
(Attach detailed statement)

\$ 0.00 \$ 0.00

8. Income from real property

\$ 0.00 \$ 0.00

9. Interest and dividends

\$ 0.00 \$ 0.00

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ 0.00

11. Social security or other government assistance  
(Specify)

\$ 0.00 \$ 0.00

12. Pension or retirement income

\$ 0.00 \$ 0.00

13. Other monthly income

(Specify) **2005 Dodge truck half monthly payments made by son**

\$ 345.97 \$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 345.97 \$ 0.00

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 345.97 \$ 3,737.37

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

**\$ 4,083.34**

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

**NONE**

## Official Form 6J (10/06)

In re Rodney H Johnson Patricia S Johnson,  
DebtorsCase No. \_\_\_\_\_  
(If known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>2,400.00</u>
a. Are real estate taxes included?      Yes <u>✓</u> No _____		
b. Is property insurance included?      Yes _____      No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>300.00</u>
b. Water and sewer	\$	<u>0.00</u>
c. Telephone	\$	<u>160.00</u>
d. Other <u>CELL PHONE</u>	\$	<u>60.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>150.00</u>
4. Food	\$	<u>400.00</u>
5. Clothing	\$	<u>100.00</u>
6. Laundry and dry cleaning	\$	<u>0.00</u>
7. Medical and dental expenses	\$	<u>100.00</u>
8. Transportation (not including car payments)	\$	<u>175.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>5.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>100.00</u>
b. Life	\$	<u>25.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>50.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>692.00</u>
b. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other _____	\$	<u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>4,717.00</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

## 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>4,083.34</u>
b. Average monthly expenses from Line 18 above	\$	<u>4,717.00</u>
c. Monthly net income (a. minus b.)	\$	<u>-633.66</u>

United States Bankruptcy Court  
Northern District of Illinois

In re **Rodney H Johnson Patricia S Johnson**

Debtors

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$ 1,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 1,000.00

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 4,083.34
Average Expenses (from Schedule J, Line 18)	\$ 4,717.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 5,315.13

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$24,345.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 1,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$205,806.46
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$230,151.46

Official Form 6 - Summary (10/06)

United States Bankruptcy Court  
Northern District of Illinois

In re Rodney H Johnson Patricia S Johnson,  
Debtors

Case No. \_\_\_\_\_

Chapter 7

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 307,000.00		
B - Personal Property	YES	3	\$ 72,385.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 458,916.11	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 1,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	6		\$ 205,806.46	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 4,083.34
J - Current Expenditures of Individual Debtor(s)	YES	2			\$ 4,717.00
TOTAL		19	\$ 379,385.00	\$ 665,722.57	

Official Form 6 - Declaration (10/06)

In re Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: 12/11/2007

Signature: s/ Rodney H Johnson  
Rodney H Johnson  
Debtor

Date: 12/11/2007

Signature: s/ Patricia S Johnson  
Patricia S Johnson  
(Joint Debtor, if any)

[If joint case, both spouses must sign]

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

(NOT APPLICABLE)



Official Form 7  
(04/07)

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re: Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
55,726.00	EMPLOYMENT	01/01/2005-12/31/2005
50,621.00	EMPLOYMENT	01/01/2006-12/31/2006

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
--------	--------	--------------------

3. Payments to creditors

**Complete a. or b., as appropriate, and c.**

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
NAME AND ADDRESS OF CREDITOR			

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY

## 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>GMAC</b> <b>PO Box 9001952</b> <b>Louisville KY 40290-1952</b>	<b>10/05/2007</b>	<b>2007 CHEVY IMPALA \$13,735</b>
<b>GMAC</b> <b>PO Box 10729</b> <b>Midland TX 79702-7729</b>	<b>10/24/2007</b>	<b>2004 Chevy Silverado</b>

## 6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	---	------------------	---

## 7. Gifts

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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## 8. Losses

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

## 9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Gary R. Garretson 1802 N. Division St. Suite 201 Morris, IL</b>	<b>9/21/2007</b>	<b>1,800.00</b>

## 10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None



If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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## 16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18. Nature, location and name of business**

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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\* \* \* \* \*

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 12/11/2007

Signature of Debtor s/ Rodney H Johnson  
**Rodney H Johnson**

Date 12/11/2007

Signature of Joint Debtor s/ Patricia S Johnson  
**Patricia S Johnson**

Form 8  
(10/05)

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois**

In re: **Rodney H Johnson Patricia S Johnson**  
Debtors

Case No. \_\_\_\_\_  
Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1. 2005 Dodge Ram	Bank of America				X
2. 4465 W. Shabbona Rd. Morris, IL 60450	Country Wide				X
3. 2004 Chevy Silverado	GMAC	X			
4. 2006 Chevy Impala	GMAC	X			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
None		

**s/ Rodney H Johnson** **12/11/2007**  
**Rodney H Johnson**  
Signature of Debtor Date

**s/ Patricia S Johnson** **12/11/2007**  
**Patricia S Johnson**  
Signature of Joint Debtor (if any) Date



**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**

Exhibit "C"

*[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]*

In re: **Rodney H Johnson**  
**Patricia S Johnson**

Case No.:

Chapter: **7**

Debtor(s)

**Exhibit "C" to Voluntary Petition**

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

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2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

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Form B 21 Official Form 21  
(12/03)**Form 21. STATEMENT OF SOCIAL SECURITY NUMBER****UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois**

In re	)	
<b>Rodney H Johnson</b> , Debtor	)	
	)	
<b>Patricia S Johnson</b> , Joint Debtor	)	
	)	
Address	)	Case No.
<b>4465 W. Shabbona Rd.</b>	)	
<b>Morris, IL 60450</b>	)	Chapter <b>7</b>
	)	
	)	
Employer's Tax Identification (EIN) No(s). [if any]:	)	
	)	
Last four digits of Social Security No(s): [if any]	)	
<b>3424, 3542</b>	)	

**STATEMENT OF SOCIAL SECURITY NUMBER(S)**1. Name of Debtor (enter Last, First, Middle): **Johnson, Rodney, H**

(Check the appropriate box and, if applicable, provide the required information.)

☒ Debtor has a Social Security Number and it is : **356** - **40** - **3424**  
(if more than one, state all. )

☐ Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): **Johnson, Patricia, S**

(Check the appropriate box and, if applicable, provide the required information.)

☒ Joint Debtor has a Social Security Number and it is : **342** - **48** - **3542**  
(if more than one, state all. )

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

**X s/ Rodney H Johnson**

Signature of Debtor

**12/11/2007**

Date

**X s/ Patricia S Johnson**

Signature of Joint Debtor

**12/11/2007**

Date

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*\*Joint debtors must provide information for both spouses.**Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.*

Official Form 22A (Chapter 7) (04/07)

In re **Rodney H Johnson, Patricia S Johnson**  
 Debtor(s)  
 Case Number: \_\_\_\_\_  
 (If known)

According to the calculations required by this statement:

- ☐ The presumption arises  
☒ The presumption does not arise  
 (Check the box as directed in Parts I, III, and VI of this statement.)

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME  
 AND MEANS-TEST CALCULATION**

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

**Part I. EXCLUSION FOR DISABLED VETERANS**

1	<p>If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
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**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</b></p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</b></p>											
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>	Column A Debtor's Income	Column B Spouse's Income									
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$0.00	\$4,969.16									
4	<p><b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td>Gross Receipts</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	c.	Business income	Subtract Line b from Line a	\$0.00	\$0.00
a.	Gross Receipts	\$ 0.00										
b.	Ordinary and necessary business expenses	\$ 0.00										
c.	Business income	Subtract Line b from Line a										
5	<p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td>Gross Receipts</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary operating expenses	\$	c.	Rent and other real property income	Subtract Line b from Line a	\$0.00	\$0.00
a.	Gross Receipts	\$ 0.00										
b.	Ordinary and necessary operating expenses	\$										
c.	Rent and other real property income	Subtract Line b from Line a										
6	<b>Interest, dividends, and royalties.</b>	\$0.00	\$0.00									
7	<b>Pension and retirement income.</b>	\$0.00	\$0.00									
8	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support.</b></p> <p>Do not include amounts paid by the debtor's spouse if Column B is completed.</p>	\$0.00	\$0.00									

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2

9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%;">Debtor \$ _____</td> <td style="width: 30%;">Spouse \$ _____</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$0.00	\$0.00
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____				
10	<b>Income from all other sources.</b> If necessary, list additional sources on a separate page. <b>Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 65%;">_____</td> <td style="width: 30%;">\$ _____</td> </tr> </table>	a.	_____	\$ _____	\$345.97	\$0.00
a.	_____	\$ _____				
Total and enter on Line 10.						
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).	\$345.97	\$4,969.16			
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 5,315.13				

**Part III. APPLICATION OF § 707(b)(7) EXCLUSION**

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$63,781.56
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>IL</u> b. Enter debtor's household size: <u>2</u>	\$54,979.00
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input checked="" type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

**Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)**

16	<b>Enter the amount from Line 12.</b>	\$5,315.13
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$0.00
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$5,315.13

**Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)**

**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19	<b>National Standards: food, clothing, household supplies, personal care, and miscellaneous.</b> Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$ 904.00
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$ 414.00

Official Form 22A (Chapter 7) (04/07) - Cont.

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20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%; text-align: right;">\$ <b>781.00</b></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.</td><td style="text-align: right;">\$ <b>2,400.00</b></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ <b>781.00</b>	b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.	\$ <b>2,400.00</b>	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$ <b>0.00</b>
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ <b>781.00</b>									
b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.	\$ <b>2,400.00</b>									
c.	Net mortgage/rental expense	Subtract Line b from Line a									
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
22	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs &amp; Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ <b>358.00</b>									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, First Car</td><td style="width: 30%; text-align: right;">\$ <b>471.00</b></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.</td><td style="text-align: right;">\$ <b>692.00</b></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$ <b>471.00</b>	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.	\$ <b>692.00</b>	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$ <b>0.00</b>
a.	IRS Transportation Standards, Ownership Costs, First Car	\$ <b>471.00</b>									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.	\$ <b>692.00</b>									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 30%; text-align: right;">\$ <b>332.00</b></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ <b>332.00</b>	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$ <b>332.00</b>
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ <b>332.00</b>									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$ <b>713.35</b>									
26	<p><b>Other Necessary Expenses: mandatory payroll deductions.</b> Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</b></p>	\$ <b>45.11</b>									
27	<p><b>Other Necessary Expenses: life insurance.</b> Enter average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$ <b>25.00</b>									

Official Form 22A (Chapter 7) (04/07) - Cont.

4

28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 44.</b>		\$ 0.00												
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$												
30	<b>Other Necessary Expenses: childcare.</b> Enter the average monthly amount that you actually expend on childcare- such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>		\$												
31	<b>Other Necessary Expenses: health care.</b> Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>		\$ 100.00												
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service—such as cell phones, pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>		\$ 60.00												
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.		\$ 2,951.46												
<b>Subpart B: Additional Expense Deductions under § 707(b)</b> <b>Note: Do not include any expenses that you have listed in Lines 19-32</b>															
34	<b>Health Insurance, Disability Insurance and Health Savings Account Expenses.</b> List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$0.00</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>Total: Add Lines a, b and c</td> </tr> </table>		a.	Health Insurance	\$0.00	b.	Disability Insurance	\$	c.	Health Savings Account	\$			Total: Add Lines a, b and c	\$ 0.00
a.	Health Insurance	\$0.00													
b.	Disability Insurance	\$													
c.	Health Savings Account	\$													
		Total: Add Lines a, b and c													
35	<b>Continued contributions to the care of household or family members.</b> Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$												
36	<b>Protection against family violence.</b> Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$												
37	<b>Home energy costs.</b> Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>		\$												
38	<b>Education expenses for dependent children less than 18.</b> Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>		\$												
39	<b>Additional food and clothing expense.</b> Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not exceed five percent of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>		\$												
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).		\$ 0.00												
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40.		\$ 0.00												

**Subpart C: Deductions for Debt Payment**

42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	60-month Average Payment	
	a. Bank of America	2005 DODGE RAM	\$ 692.00	
	b. America's Wholesale Lender	4465 W SHABBONA RD, MORRIS IL 60450	\$ 2,400.00	
	Total: Add Lines a, b and c			\$ 3,092.00
43	<b>Other payments on secured claims.</b> If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a.		\$	
	Total: Add Lines a, b and c			\$ 0.00
44	<b>Payments on priority claims.</b> Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.			\$
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly Chapter 13 plan payment.	\$	
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x 6.50	
	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 0.00
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.			\$ 3,092.00
<b>Subpart D: Total Deductions Allowed under § 707(b)(2)</b>				
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.			\$ 6,043.46

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION		
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$ 5,315.13
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$ 6,043.46
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$ -728.33
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$ -43,699.80
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed.  <input checked="" type="checkbox"/> <b>The amount on Line 51 is less than \$6,575</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.  <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.  <input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$ 0.00
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.  <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.  <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

Part VII. ADDITIONAL EXPENSE CLAIMS											
56	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Expense Description</th> <th style="width: 30%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, and c</td> <td style="text-align: right;">\$0.00</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	Total: Add Lines a, b, and c		\$0.00	
	Expense Description	Monthly Amount									
a.		\$									
Total: Add Lines a, b, and c		\$0.00									

Part VIII: VERIFICATION	
57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date: <u>12/11/2007</u> </div> <div style="width: 50%;"> Signature: <u>s/ Rodney H Johnson</u>  Rodney H Johnson, (Debtor) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Date: <u>12/11/2007</u> </div> <div style="width: 50%;"> Signature: <u>s/ Patricia S Johnson</u>  Patricia S Johnson, (Joint Debtor, if any) </div> </div>

**Income from all other sources (continued)**

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**Past due payments on secured claims (continued)**

Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount
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**Other Expenses (continued)**

Expense Description	Monthly Amount
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B 203  
(12/94)

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re: Rodney H Johnson Patricia S Johnson  
Debtors

Case No. \_\_\_\_\_  
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,800.00</u>
Prior to the filing of this statement I have received	\$	<u>1,800.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

**None**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**None**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 12/11/2007

Gary R. Garretson  
Gary R. Garretson, Bar No. 0917265

Gary R. Garretson  
Attorney for Debtor(s)

B 201 (04/09/06)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Gary R. Garretson**

Printed Name of Attorney

**Gary R. Garretson**

Signature of Attorney

**12/11/2007**

Date

Address:

**Gary R. Garretson  
1802 N. Division St.  
Suite 201  
Morris, IL**

**8159412825**

**Certificate of the Debtor**

We, the debtors, affirm that we have received and read this notice.

**Rodney H Johnson**

**Patricia S Johnson**

Printed Name(s) of Debtor(s)

Case No. (if known)

**Xs/ Rodney H Johnson**

**Rodney H Johnson**

Signature of Debtor

**X s/ Patricia S Johnson**

**Patricia S Johnson**

Signature of Joint Debtor

**12/11/2007**

Date

**12/11/2007**

Date

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

In re **Rodney H Johnson**  
**Patricia S Johnson**  
Debtors.

Case No.

Chapter **7**

STATEMENT OF MONTHLY NET INCOME

The undersigned certifies the following is the debtor's monthly income .

Income:	Debtor	Joint Debtor
Six months ago	<u>\$ <b>0.00</b></u>	<u>\$ <b>4,969.16</b></u>
Five months ago	<u>\$ <b>0.00</b></u>	<u>\$ <b>4,969.16</b></u>
Four months ago	<u>\$ <b>0.00</b></u>	<u>\$ <b>4,969.16</b></u>
Three months ago	<u>\$ <b>0.00</b></u>	<u>\$ <b>4,969.16</b></u>
Two months ago	<u>\$ <b>0.00</b></u>	<u>\$ <b>4,969.16</b></u>
Last month	<u>\$ <b>0.00</b></u>	<u>\$ <b>4,969.16</b></u>
Income from other sources	<u>\$ <b>0.00</b></u>	<u>\$ <b>0.00</b></u>
Total net income for six months preceding filing	<u>\$ <b>0.00</b></u>	<u>\$ <b>29,814.96</b></u>
<b>Average Monthly Net Income</b>	<u>\$ <b>0.00</b></u>	<u>\$ <b>4,969.16</b></u>

Attached are all payment advices received by the undersigned debtor prior to the petition date, we declare under penalty of perjury that we have read the foregoing statement and that it is true and correct to the best of our knowledge, information, and belief.

Dated: 12/11/2007

s/ Rodney H Johnson  
Rodney H Johnson  
Debtor

s/ Patricia S Johnson  
Patricia S Johnson  
Joint Debtor

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re: **Rodney H Johnson**

**Patricia S Johnson**

Case No. \_\_\_\_\_

Chapter **7**

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ 0.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor)	\$ <u>0.00</u>
4. Payroll Taxes	<u>0.00</u>
5. Unemployment Taxes	<u>0.00</u>
6. Worker's Compensation	<u>0.00</u>
7. Other Taxes	<u>0.00</u>
8. Inventory Purchases (Including raw materials)	<u>0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>0.00</u>
10. Rent (Other than debtor's principal residence)	<u>0.00</u>
11. Utilities	<u>0.00</u>
12. Office Expenses and Supplies	<u>0.00</u>
13. Repairs and Maintenance	<u>0.00</u>
14. Vehicle Expenses	<u>0.00</u>
15. Travel and Entertainment	<u>0.00</u>
16. Equipment Rental and Leases	<u>0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>0.00</u>
18. Insurance	<u>0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>0.00</u>
20. Payments to Be Made Directly By Debtor to Secured Creditors For	

Pre-Petition Business Debts (Specify):

**None**

21. Other (Specify):

**None**

22. Total Monthly Expenses (Add items 3 - 21) \$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) \$ 0.00